HDMS —— 125th ANNIVERSARY

# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XXI JUNE, 1965 NO. 6

SPECIAL
M. M. S.
NUMBER

CLAUDE E. WELCH, M.D.
President, M. M. S.

# Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

**Telephone: REpublic 6-0661**

Vivian M. Purdy, *Executive Secretary*

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| Walter S. Mozden, M. D. | 1968 | Walter J. J. Nero, M. D. |

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*To Committee on Tax-Supported Medical Care* . Harry L. Roberts, M. D.
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*Representatives to Community Council*
Henry Burkhardt, M. D. and Donald R. Hayes, M. D.

# The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, JUNE, 1965

## A MESSAGE TO HAMPDEN

**from**

**CLAUDE E. WELCH, M. D., President**
**Massachusetts Medical Society**

This year almost surely will be designated in future histories as one of the most important in the annals of the Massachusetts Medical Society. Our comparative calm has been broken, particularly by the sudden population explosion, by pressures from various non-professional groups, and by a huge accession of federal funds. Some type of health insurance for the aged almost surely will be enacted after this message is written and before it is printed. The report of the Special Commission on Cancer, Heart Disease and Stroke has just as profound, though less obvious implications, for the future.

The strains that will appear in all branches of medicine will be enormous. Appreciation of these areas of stress may aid proper planning and avoid catastrophe. For this reason, a glance into the cyrstal ball will be of interest.

Hospitals will bear enormously increased responsibilities. The trend of centralization of care about hospitals rather than individual doctors' offices,

the demand for an increased number, and efficient utilization of beds, and the necessity of convalescent units all must be considered. Indeed, beds could become so unavailable, the bill sent recently by a doctor to a patient because he was able to get her into a hospital may not seem so absurd in the future. Even with this influx of patients, financial problems may continue to be most difficult, unless such important items as deductibles and special nursing, covered by some third party payment, and an accurate rapid method of payment for hospital charges is developed.

Medical schools will bear great responsibilities. Will they in view of the imminent enormous grants for research begin to turn out two separate castes of medical citizens — practitioners and research men? Can they meet the expanded need for medical manpower without depreciating the quality of the product?

Blue Cross, Blue Shield, and private insurance companies obviously must present changing faces. Federal support for old age patients should improve the financial position of Blue Cross. On the other hand, the designation of a large number of government hospitals as envisioned by the DeBakey report, could start the death knell of many health insurance organizations unless the formation of a huge Federal bureaucracy is strenously opposed.

Meanwhile we as individual practitioners must recognize multiple areas on which the spotlight now is focused. Many of them are our own responsibilities. We must, for example, provide better emergency care for the ill at home than they now receive; hospital emergency rooms must be staffed twenty-four hours a day by capable personnel; the emerging problem of narcotic addiction must be recognized; the mental health program must continue to unfold. Fortunately these and other problems are under constant consideration by dedicated committees of our organization. Finally, as individuals, we should, when the daily housekeeping is finished, do our bit to advance medical knowledge.

It is indeed no small task that faces us in this exciting year. It will demand critical and enthusiastic support from all, and a faith that despite the dangers inherent in many of these grandiose schemes, better medical care for the public ultimately will be achieved.

---

## OFFICERS OF THE MASSACHUSETTS MEDICAL SOCIETY

### (1965 - 66)

*President* . . . . . Claude E. Welch, Belmont

*President-elect* . . . . . William Warren Babson, Essex South

*Vice-President* . . . . . Laurence B. Ellis, Suffolk

*Secretary* . . . . . Robert W. Buck, Charles River

*Treasurer* . . . . . Eliot Hubbard, Jr., Middlesex South

*Assistant Treasurer* . . . . . Charles G. Shedd, Suffolk

*Orator* . . . . . David P. Boyd, Charles River

**Delegates to the American Medical Association**

January 1, 1966 through December 31, 1967

John B. Butts, Worcester

Urban H. Eversole, Norfolk

Donald R. Hayes, Hampden

**Alternate Delegates to the American Medical Association**

January 1, 1966 through December 31, 1967

H. Thomas Ballantine, Jr., Suffolk

John W. Norcross, Charles River

Nicholas S. Scarcello, Worcester

**Alternate Delegate to the American Medical Association**

January 1, 1965 through December 31, 1966

(to replace Dr. Frank D. Eddy)

Lewis S. Pilcher, Charles River


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## COMING EVENTS

**HAMPDEN DISTRICT MEETING, SEPTEMBER 28, 1965**

GOLF TOURNAMENT, SEPTEMBER 8 (See page 27)

ACADEMY OF MEDICINE, SEPTEMBER 14

EXECUTIVE COMMITTEE MEETINGS, SEPTEMBER 21 and OCTOBER 19

COUNCIL MEETING OF THE MMS, OCTOBER 13

AMERICAN COLLEGE OF SURGEONS, ATLANTIC CITY, NEW JERSEY, OCT. 19 - 22

AMERICAN HEART ASSOCIATION, BAL HARBOUR, FLA., OCT. 29 - NOV. 3

CONFERENCE on DISASTER MEDICAL CARE, CHICAGO, OCTOBER 30 - 31

AMERICAN MEDICAL ASSOCIATION (Clinical Meeting), PHILADELPHIA, PA., NOV. 28 - DEC. 1


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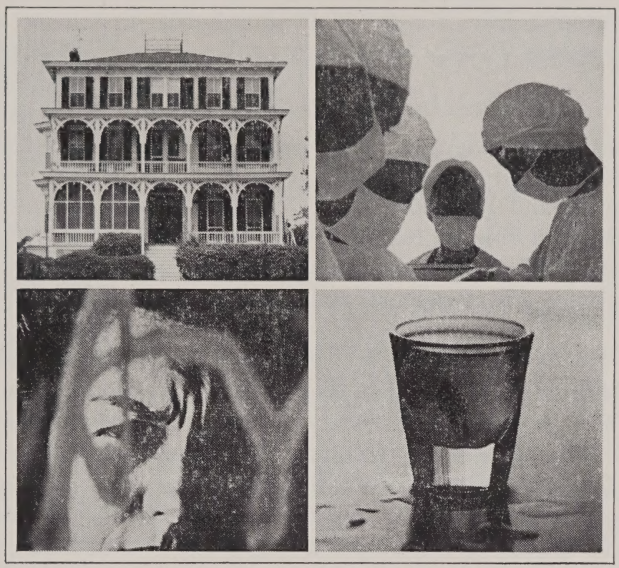

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## HAMPDEN CAPSULES

Dr. Walter S. Mozden was appointed as alternate to the Legislative Councilor. Dr. Bernard Bloom appointed as alternate to the Public Relations Councilor.

— —

**Speaking Engagements:**

Drs. Burkhardt, Bronos, Stebbins, Cox, Papaioanou and F. Moore spoke three Sundays in a row at the Lutheran Church, Holyoke. These meetings were attended by 250 teenagers and 150 parents.

— —

Radio Station WACE, under the direction of Mr. Jack Pudney, is starting several new programs, among which will be "For Your Information." A physician will be on from 1:00-2:00 P.M. on this program every Friday. Dr. Memery on June 11, with "The Hampden District Medical Society." Dr. Miller on June 18 with "Scholarships for medicine."

— —

Mr. Ted Chilcoat, field representative from the AMA to appear at Executive meeting on June 15.

— —

Dr. Hayes to attend the MSEA Annual Meeting with Mrs. Purdy in New York City on June 19th.

— —

**Additional appointments to committees:**

Dr. Visconti (Spfld.) to Public Health

— —

Dr. Levitz (Holyoke) to Medico-Religious

— —

Two of our senior members, Drs. John M. Gilchriest and Harry R. Wheat, received the Gold Badge of 50-year membership at the Annual Meeting of the MMS.

The HDMS was saluted by the JCA at breakfast at the Kimball Towers on June 2, on its 125th birthday. Dr. Burkhardt, President, was a guest at the head table and accepted the salute. Present also at the breakfast were: Mrs. Conway, President of the Woman's Auxiliary, Mrs. Corwin, and Mrs. Purdy.

— —

Dr. Burkhardt and Mrs. Purdy are the appointed members of J.C.A. representing the HDMS.

## QUOTE OF NOTE:

"We are going to try to take all the money that we think is unnecessarily being spent and take it from the 'haves' and give it to the 'have nots'".

President Lyndon Johnson
White House Speech,
January 15, 1964

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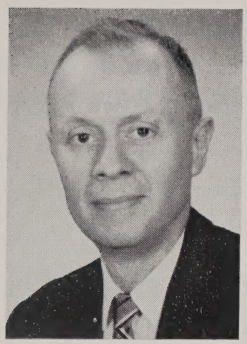
# President's Page



## IN DEFENSE OF COMMITTEES

Many members are of the opinion that our District Society is over-organized. As evidence they point to the rather large number of committees in our midst, some twenty in all. In addition there are the twenty elected councilors and the dozen or so Hampdenites who serve on the various committees of the MMS.

An attempt was made last year to reorganize our committees by combining and or eliminating some of them. After serious consideration, however, this was not deemed feasible unless we were prepared to jeopardize the effectiveness of the Society to our profession and to the community.

In the book "Post-Historic Man" the author, Roderick Seidenburg, points out that with the development of man's intelligence and the creation of the machine (which itself is perfectly organized) there has developed an inherent tendency to greater organization and interrelations in the life of man. We are caught in the necessity of ever increasing organization, whether we like it or not.

Committees are the bulwark of our Society. It is only through committee work that we can effectively express our ideas and accomplish our aims on behalf of the Society. This is indeed work at the "grass roots" level. At a recent luncheon given by Dr. Claude Welch, president of the MMS, for the twenty one district society presidents and secretaries, we heard from representatives of several of the district societies, from officers of the MMS, and from a member of the AMA Board of Governors. They reported numerous and various activities all of which were made possible only

through the efforts of committees at district, state and national levels.

During the coming year I plan to attend as many committee meetings as possible. I plan also to devote a part of each Society meeting to a brief review of the work of one or more of our committees, for the purpose of keeping the membership fully informed of the Society's innumerable activities.

Henry Burkhardt, M.D.

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### SCHOLARSHIP COMMITTEE

The Scholarship Committee of the HDMS will have available this year approximately $600 to be granted to medical, pharmaceutical or nursing students from Hampden District. These grants will be made to the student's school of choice, following the October meeting of the Directors of the Charitable and Educational Fund of the MMS.

Scholarships will be granted chiefly on a basis of need. The recipient must have been a resident of the Hampden District for at least three years prior to application.

Application blanks are available from Mrs. Purdy at the office of the Society and must be filed prior to September first of the current year.

It is hoped that in the future scholarship grants will be from $800 to $900 when income from a full year's investment becomes available.

It is hoped also that members of Hampden District will nominate worthy candidates for these scholarships.

Ralph T. Miller, M.D.
Chairman

### COUNCIL ATTENDANCE

Hampden councilors turned out in force to attend the May 17 meeting of the Council of the MMS. The following were in attendance: Drs. Allan, Bagg, Franseen, Hayes, Illingworth, Johnson, LaMarche, Miller, Millman, Miner, Palermo, Pokorny, Potsubay, Reilly, Rini, and Tillman.

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## THE MMS: FOUR QUESTIONS AND ANSWERS

by

Robert W. Buck, M. D., Secretary, MMS

1. *Do you believe that the Massachusetts Medical Society is a truly representative and democratic organization?*

Some of our fellow members do not. Actually, the Society is just as representative and democratic as you choose to make it. No one who faithfully attends the business meetings of his district society, and who just as regularly stands up to speak his mind freely on matters of concern to him and his fellow practitioners can long avoid being asked to serve on committees, and sooner or later to represent his district as a councilor. If he conscientiously performs the duties of this office, the Society's demands for his services will soon be greater than he can find time to fulfill. One of the most difficult jobs of the president-elect of the Society, before he is inaugurated at the annual meeting in May, is to find suitable appointees for the 70-odd standing committee membership and 150 more to serve on our numerous special committees. Many of these appointees are not members of the Council.

I shudder to think what any group of a dozen or more men in any district society could accomplish in the way of introducing new legislation, revising our bylaws or electing councilors to present their ideas and have them favorably acted upon by the Council of the Society, if such a group worked faithfully and systematically together. It is my impression that the business of each district society is generally carried on by a relatively few members of that society who are faithful to their obligations. To throw out the present incumbents and take over direction of the district society's activities would be quite simple for any group who could outvote the incumbent regulars. This procedure has been used many times, not always to the real advantage of the organization taken over by an insurgent group. Nevertheless, its repeated success should give inspiration and coverage to anyone who feels that the society to which he belongs is not representative or democratic.

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2. *Do you believe that your councilors "rubber stamp" everything presented to them at Council meetings or in the Circular of Advance Information to Councilors?*

If you do, it would be worth your while to attend a meeting of the Coun-

cil. These meetings are held three times a year: on the second Wednesday in October, the second Wednesday in February, and the third week in May.

You are invited to come to these meetings as an observer, and will be welcome. If you have the patience to sit from ten in the morning until five in the afternoon with only a short time out for lunch listening to the unpredictable amount of impassioned debate that often ensues over what would seem to be non-controversial matters, you will discover how unlike a rubber stamp the decisions of this body really are.

It is our experience that our councilors are open-minded reasonable men, and that they can be trusted to arrive at sound decisions provided only they are supplied with adequate and reasonably complete factual information before being asked to vote.

On the other hand, you should not expect your councilors to rubber stamp the opinions of your district society. If your representative is worth his salt, he will vote in accordance with his own conscience and intelligence after his questions have been answered, and you should not repudiate him for this.

3. *Do you believe that the officers of the state society are hand picked by a select oligarchy known as the "Boston group"?*

Here again, a slight first-hand acquaintance with the procedures of the state Nominating Committee, which as you know is made up of representatives elected from each district society and from whose meetings the officers of the society are rigidly excluded, is most desirable, and indeed essential.

One of the greatest needs of our society is careful thought and consideration of the qualifications of the nominating councilors. It is unfortunately true that a busy and dedicated practitioner of medicine, even though he has devoted enough time to the affairs of the society to be chosen as a councilor, very frequently cannot devote the additional time necessary to evaluate men from other parts of the state. Here he is dependent upon reports from the representatives of the various districts. This makes it possible again for an organized group to beat the drum for a favorite son. The danger is that, overwhelmed by the convincing arguments put forth in favor of an ambitious candidate by his friends and supporters, the equally good qualifications of a perhaps better qualified, but less politically adept man may be overlooked.

In recent years the practice has been followed of holding two or three preliminary meetings of the nominating councilors and their alternates before the final spring meeting when the slate is made up for presentation at the annual meeting. In past years it was customary for the nominating councilors to retire from the annual meeting of the Council, to deliberate for fifteen minutes or a half an hour and then return with a slate ready for the votes of the councilors. Naturally, during the course of the preceding year there had been a good deal of informal communication between the nominating councilors and their advisors, and presumably more log rolling was possible in those days than at present. However, it is likely that no system will ever be evolved that will eliminate the sport and pleasure

of organizing political suport for one's candidate, that is so dear to many of our amateur politicians. A completely alert and interested body of nominating councilors is nevertheless much more responsive to common sense and to factual information than to mere political oratory. An impartial scanning of the names of the presidents of our Society during the past twenty or thirty years should convince any of you that the choice has been made wisely and in such a way as to represent every part of the state.

4. *Are you one of those who believe that Massachusetts delegates to the American Medical Association are hand picked by the "higher ups" in Boston?*

In past years our delegates, it is true, were chosen by the president of the Society. Indeed, this seemed to work out very well over a long period of years. The president felt a moral obligation to choose delegates representing different and representative points of view. However, this system has been obsolete since the bylaws were revised in 1953. Since that time selection of our representatives to the House of Delegates of the AMA has been the responsibility of the Nominating Committee.

No individual, and no committee, however, can be expected to select delegates to the AMA wisely unless the individuals who have the responsibility of making nominations are familiar with the operation of the House of Delegates. Unfortunately, it is seldom that even one member of the Committee on Nominations has ever attended a session of the House of Delegates. This and this alone has in the past resulted in a certain amount of fumbling and uncertainty in the selection of our representatives. It has happened that men who deserve to be chosen were not selected, and it has also happened that delegates have been dropped for no sufficient reason.

On the other hand, inspection of our representation during the past fifteen or twenty years will show that our delegates have been high-minded, responsible, well-informed and representative men. If any district feels that it has not been represented well, the remedy lies with your nominating councilor. The nominating councilor in every district is extremely anxious to be kept informed of the opinions of his constituents, and the constituents owe it to the nominating councilor to present to him the names of men in the district who are generally acceptable for higher office.

#

COMPLIMENTS

Ernest A. Byron

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# . . . . . WELCOME

JOAN VERONICA BRADY, M.D.

Office: 2112 Riverdale St., West Springfield

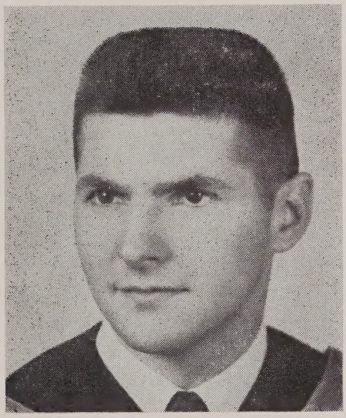
Born: New York City, May 20, 1923

Medical School:
Long Island College of Medicine (now called State University of N.Y. Downstate) 1949

Internship:
St. Vincent Hospital

Residency:
Mayo Foundations, Rochester
LaFayette Clinic, Detroit, Michigan

Specialty:
Pediatric Psychiatry



RAYMOND LOUIS CASELLA, M.D.

Office: Springfield Hospital

Born: October 29, 1935, Springfield

Medical School:
New York Medical College, Flower & Fifth Ave., 1962

Internship:
Springfield Hospital

Residency:
Springfield Hospital

Specialty:
Internal Medicine

RAYMOND LEANDRE GAGNON, M.D.

Office: 130 Maple St., Springfield

Born: July 4, 1931, Berlin, New Hampshire

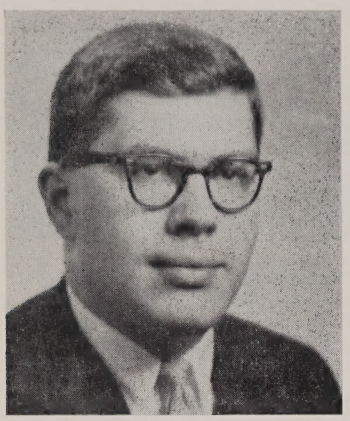
Medical School:
Laval Medical, Quebec City, 1959

Internship:
Hotel Dieu Hospital

Residency:
Springfield Hospital

Specialty:
Internal Medicine

# NEW MEMBERS. . . . . .



JACK HAROLD PINCUS, M.D.

Office: 91 School St., Springfield

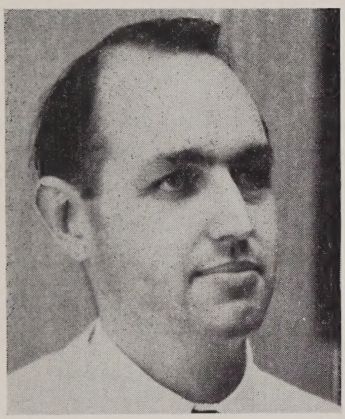
Born: Brooklyn, N. Y., April 5, 1936

Medical School:
Tufts University, 1960

Internship:
Boston City Hospital

Residency:
Barnes Hospital, St. Louis, Missouri
Grace New Haven, New Haven, Conn.

Specialty:
Ophthalmology



JAMES FRANCIS NICHOLS, M.D.

Office: 130 Maple St., Springfield

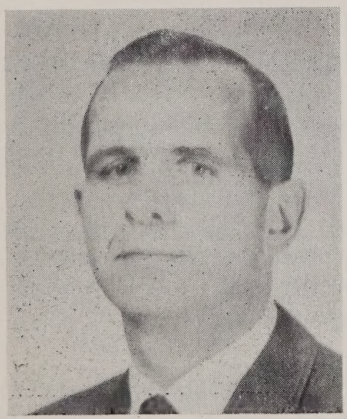
Born: Fall River, Mass., May 12, 1928

Medical School:
Tufts University, 1954

Internship:
City Hospital, Cleveland, Ohio

Residency:
City Hospital, Cleveland, Ohio

Specialty:
Radiology



ROBERT PETER RIKER, M.D.

Office: 1767 Northampton St., Holyoke

Born: Leonia, New Jersey, May 31, 1930

Medical School:
George Washington University, 1955

Internship:
George Washington University Hospital

Residency:
George Washington University Hospital

Specialty:
Surgery

(over)

## NEW MEMBERS (Continued)

RALPH AUGUST WILLIAMS, M.D.

Office: Springfield Hospital, Springfield

Born: Quincy, Mass., April 5, 1932

Medical School:
Tufts University Medicine, 1958

Internship:
New Britain General Hospital,
New Britain, Conn.

Residency:
VA Hospital, Brockton, Mass.
Mental Health Institute, Independence, Ia.
VA Hospital, Boston

Specialty:
Psychiatry

## GIRLS' AND BOYS' CLUBS BUILDING FUND

(The exchange of correspondence below emphasizes Hampden District's endorsement and support of the Girls' and Boys' Club Building Fund of Springfield. Editor)

— —

Theodore R. Miner, M.D.
President, HDMS

Dear Dr. Miner:

The Professional Division of the Girls' Club - Boys' Club Building Fund will soon start solicitation of area physicians and members of the other professions.

I believe we are all aware of the need for both of these important youth programs. Now we have the opportunity to help them get new buildings to replace the facilities they are losing because of urban redevelopment and the construction of Highway 291. I earnestly request the Hampden District Medical Society to give full endorsement to this joint project and also encourage the members to generously participate.

For your information, literature about the program is enclosed.

Sincerely,
Robert W. Emery, M.D.
Professional Division

— —

June 1, 1965

Robert W. Emery, M.D.
Professional Division Chairman
Springfield Girls' Club-Boys'
Club Building Fund

Dear Dr. Emery:

The Executive Committee of the Hampden District Medical Society gladly gives full endorsement to the Girls' Club-Boys' Club Building Fund campaign.

It is our hope that you will receive generous support from the members of our society and we wish you success in your campaign.

Sincerely,
Henry Burkhardt, M.D., President
Hampden District Medical Society

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## MEDICAL ASSISTANTS HONOR MRS. PURDY

At a very colorful Installation-of-Officers meeting of the Hampden District Association of Medical Assistants, Mrs. Purdy, Executive Secretary of the HDMS was honored by the organization as an Honorary Member. The scroll, presented by Miss Dorothy Dimunitto, Immediate Past President, reads: "The Hampden District Association of Medical Assistants does hereby confer upon Mrs. Vivian M. Purdy, R.N., in appreciation for her many kindnesses, the title of Honorary Member. Given this ninth day of June in the year of 1965." Signed: Dorothy Dimunitto, President; Robert Cahill, M.D., Chairman, Board of Advisors.

A charm bearing the symbol of the Massachusetts Association of Medical Assistants, was also presented to Mrs. Purdy for her gold charm bracelet.

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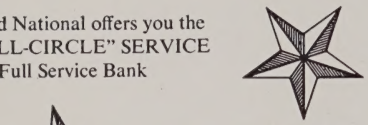

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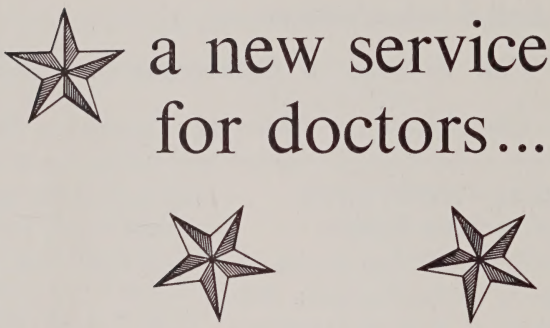

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## INDOCTRINATION MEETING IS HELD

**L. to r. Standing: Allen Johnson, Henry Burkhardt, Leon M. Kruger, Donald R. Hayes, Samuel Potsubay, Raymond L. Cassella, Robert M. Abrams, Francis Kanski, John C. Collins, Jack H. Pincus, Ralph A. Williams. Seated: Max Millman, Vivian M. Purdy, Harry N. Memery, Ralph T. Miller, John Maloney, Louis DeRose, James Nichols, Lawrence Metz, Joan V. Brady, Mordecai Berkowitz, and Raymond L. Gagnon.**

The fifth Annual Indoctrination dinner-meeting of the District Society was held at the Federal Hill Club on June 1, 1965. Chairman of the evening was Dr. Samuel Potsubay, Supervising Censor and Chairman of the Membership Board. Twelve new members attended.

Following a social hour and a fine dinner the new members were called upon to introduce themselves individually.

The program was as follows:

Dr. Burkhardt—Welcome from the President. Dr. Maloney—President of the Academy of Medicine. Dr. Memery, Secretary—Ethics & Discipline - Grievance Committee. Dr. Kruger—Medico-Legal Affairs. Dr. Miller—Committees and Council. Dr. Millman—"From the Editor's Desk". Dr. Hayes, President-Elect—Delegate to AMA. Mrs. Purdy, Executive Secretary.

The piece de resistance was presented by Dr. Allen S. Johnson, past president of the HDMS and the MMS, who spoke on "Thirty-five years in practice in Springfield." He compared eloquently the not-so-good olden days with the present day scientific medicine. His usual wit and impeccable vocabulary were enjoyed by all.

## ANNUAL MEETING OF THE MMS

The 184th Annual Meeting of the MMS was held at the Statler Hilton Hotel, Boston, on May 18 at 11 A.M. At the start of the meeting, Dr. Dwight Harken, President of the American Academy of Cardiology, introduced the editor of the American Journal of Cardiology, Dr. Hench, who presented Dr. Paul D. White with a citation and a bound volume of tributes from former students, now scattered all over the world of education and cardiology.

Delegates from other New England states were introduced and awards were presented to outstanding medical students: Donald A. Rotenburg of Boston University, Thomas W. Smith of Harvard, and Loring Corbett, Jr. of Tufts.

The minutes of the last annual meeting, as reported in the New England Journal of Medicine, were approved. Dr. Robert Buck announced the membership of the society as 8340. Actions of the council and executive committee during the past year were announced. By-laws amendments were discussed and approved.

President Baty spoke on the state of the Society stressing the importance of preparing for new concepts of medical practice and of participation by physicians in the affairs of their district societies.

After an interval for section luncheons, Dr. Francis D. Moore of Boston delivered the annual oration on the subject: "The Effect of Haemorrhage on the Body Composition of Man."

The meeting adjourned at 3 P.M.

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# MEDICARE LEGISLATION

## (Progress Report)

In the largest expansion of welfare benefits since the Depression, the House passed HR 6675 on April 8, 1965 by a vote of 313 to 115. Both Representatives Boland and Conte voted this bill.The Senate Finance Committee is now holding hearings and the bill will shortly reach the Senate floor, where passage is expected. If President Johnson signs the bill, which is also expected, it will climax 20 years of often-heated debate that began on Nov. 19, 1945, when President Truman first sent his compulsory health insurance proposal to Congress. During the 1940s and 1950s, the A.M.A. and allied groups triumphed easily over repeated attempts to add health benefits to the Social Security program. With the help of the Ways and Means Committee, they also blocked the Medicare forces in the congressional showdowns of 1960, 1962, and 1964.

The architect of the present bill is Wilbur D. Mills, Chairman of the House Ways and Means Committee, whose opposition to the Forand and King-Anderson bills in the past was an important stumbling block to passage of these measures. With the last election bringing an overwhelming Democratic majority in Congress backing President Johnson's Medicare bill, Rep. Mills no longer had the control over his own committee which he previously had. Accordingly, he sought to prepare legislation which would correct as many of the objectionable features of the King-Anderson Bill as he could. The result of this effort combined in one bill certain provisions of (1) the Administration's Medicare Program for partial hospital insurance under the Social Security System, with (2) a Republican sponsored measure calling for a voluntary system of protection covering both hospitals and doctors with federal assistance with (3) the A.M.A. Eldercare Program extending the Kerr-Mills Act, in which federal-state funds pay private premiums on the basis of need. The total cost of this program is estimated to be $6 billion annually.

**Major Provisions:**

The major provisions of HR 6675

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are best considered in 3 categories:

**1. Basic Hospitalization Program**

This is basically the King-Anderson Bill in which all persons over age 65 years, regardless of need, receive certain hospital benefits financed by an increase in Social Secruity taxes. General revenues of the Federal Government will pay for those who are not on the Social Seurity System. After the patient pays a $40 deductible amount, he will receive up to 60 days in-patient hospital care for each illness, followed by 20 days of nursing home care, plus 2 additional days of nursing care for each day under the maximum 60 days of hospital care that was not utilized, up to a maximum of 100 days. There is a $20 deductible amount for outpatient hospital diagnostic services provided during a 20 day period. Doctor bills would not be covered. Because Rep. Mills feared that the hospitalization costs under the King-Anderson Bill would bankrupt the Social Security System, which was originally set up basically as a pension fund, he insisted that the increase in Social Security taxes to provide for hospitalization be kept in a separate fund. The increased tax rate for this purpose will start at 0.35% in 1966, to be matched by the employer, and will be more than doubled by 1987 when it will rise to 0.8%, also matched by the employer, on annual earnings up to $5,600 in 1970. After this date, the tax will be on earnings up to $6,600. The effective date of this measure is July 1, 1966, except for extended care facilities which will not go into effect until January 1, 1967.

**2. Supplementary Medical Program**

All persons over 65 years of age, regardless of need, are eligible for a voluntary program to defray doctor

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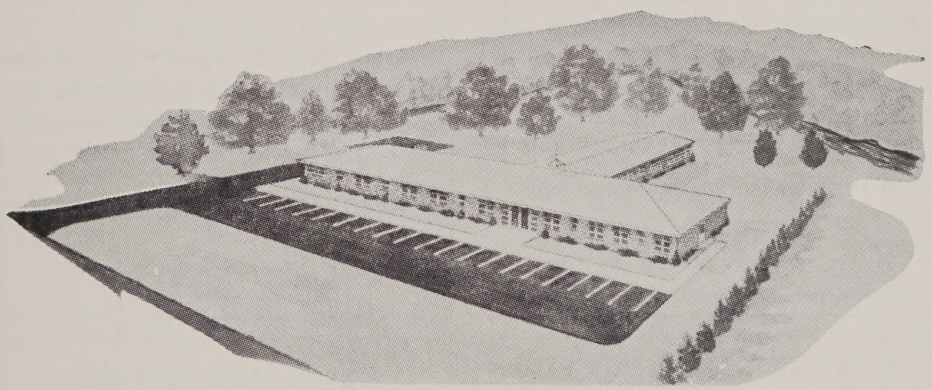

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bills and other costs in a program which will go into effect July 1, 1966. Those electing to avail themselves of these benefits pay $3 per month, with an additional $3 per month paid into the fund by the Federal Government out of general revenues. Benefits, in addition to those in the basic hospitalization program, include physicians' services, care in a mental hospital up to 60 days per illness (180 day maximum in a life time), home health services up to 100 visits annually, diagnostic x-rays and laboartory tests, radiotherapy, surgical dressings, oxygen tents, artificial limbs, casts, splints, etc. There is a $50 deductible annually, with the program paying 80% of the bills above this amount.

**3. Miscellaneous Provisions**

A number of other provisions have been added to the program, including a 7% increase in Social Security benefits, children's insurance benefits up to age 22 years if he is in school after age 18 years, and optional benefits for widows at age 60 years. A liberalization of eligibility and waiting period requirements for disability provisions of the Social Security Act has been added to this legislation. Persons over 72 years of age will receive a basic benefit of $35 monthly after only three quarters of Social Security coverage. Starting with 1966, persons earning up to $1,200 annually will receive full Social Security benefits, with a reduction of $1 for each $2 earned over this figure up to $2,400 of earnings, and $1 reduction for each $1 earned over this figure. (The present limit is $1,700.)

Social Security coverage for self-employed physicians is also provided for in this bill.

The Kerr-Mills Program is to be expanded to cover, in addition to the indigent aged, certain other needy persons such as dependent children, the blind, and other disabled persons. The states would provide eligibility requirements for a medical service program which the states must provide to receive federal payments.

To finance this huge program, Social Security taxes will be increased from the present maximum of $174 annually, matched by his employer, to well over double this figure by 1987.

During the entire congressional debate the A.M.A.'s Eldercare plan was never seriously considered. It is regrettable that the House passed this legislation with such great haste and

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with no public hearings at all. As of this writing, the Senate Finance Committee is holding public hearings, but apparently without enthusiasm. The attendance of the members of the Committee has been extremely poor. Furthermore, there is serious doubt that they are at all interested in carefully weighing all aspects of the problem. For example, while Secretary of HEW Cellebreze was given two days to testify, Dr. Donovan F. Ward, President of the AMA, was given only fifteen minutes. After much pleading, another AMA spokesman was given an additional ten minutes, but most of his time was taken up by senators, who constantly interrupted.

**Dr. Ward's Testimony**

Testifying for the AMA, Dr. Ward said, "This may be your last chance to weigh the consequences of taking the first step toward the establishment of socialized medicine in the United States." He predicted a deterioration in medical care because there is bound to be overutilization of services in a bill that provides universal coverage. Ultimately, the patient suffers.

Dr. Ward urged the Committee to eliminate the Social Security financed hospitalization plan and also the voluntary supplementary insurance program which covers doctors' bills and some other expenses. Instead, he urged the inclusion of AMA's Eldercare Plan, which is an expansion of the Kerr-Mills Program. He urged a sliding scale of income eligibility for those covered, state and local administration, the use of major health insurance carriers as underwriters to take advantage of their vast experience, and the recognition of physicians' customary charges rather than Government-set "reasonable" fees. He also asked that the provision providing for inclusion of self-employed physicians on Social Security be deleted

Senator Long, (D Louisiana), highest ranking member of the Senate Finance Committee next to Chairman Byrd, is expected to introduce his own amendment. This will provide for care for catastrophic illness, care of the needy with government funds, and partial help for those not needing full government assistance.

When the hearings close and the bill goes to the Senate floor, undoubtedly other amendments will be added. Senator Saltonstall is expected to introduce a bill of his own. Other senators will probably introduce their own bills or amendments. The major differences between the Senate and House bills will then go to a Conference Committee, and if disagreement still prevails, the whole bill must go back to the House for a new vote. While the outlook is not bright, there is still hope for the free practice of medicine, unencumbered by government control. Members are urged to write to Senators Saltonstall, Byrd, and Long urging them to support medicine's point of view.

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## COUNCIL MEETING HIGHLIGHTS

The annual meeting of the Council of the MMS was called to order by President Baty at the Statler Hilton Hotel, Boston, May 17 at 10:20 A.M. Minutes of the previous meeting were approved, obituaries read, and communications reviewed. Appointment of Dr. Wheeler as trustee of Boston Medical Library was announced. The annual report of the Woman's Auxiliary was received from Mrs. Mickelsen, its retiring president.

**Informational Reports**

Informational reports were received from the treasurer and from the committees on: Public Relations, Ethics and Discipline, Medical Information, Professional Liability, Occupational Health, Publications, Delegates to Council of New England States Medical Society, and Traffic Accident. These required no action.

The nominating committee submitted a slate of officers which was unanimously approved (see page 2).

Dr. Butts, Worcester, presented a supplement to his report on National Legislation pointing out that at the hearings on the Medicare Bill, the AMA was heard by only 2 senators, who hardly listened at all. He stressed the need of sending letters to Senator Saltonstall on the subject.

The Committee on State Legislation also submitted a supplementary report to the effect that the bill to license chiropractors was passed by the House of Representatives by a 2 to 1 margin and is now waiting for Senate action. The committee appealed for letters to state senators on this subject. It also reported that the bill to allow cities or towns to establish facilities for the care of the mentally ill has been signed into law and that the bills on birth control and on free choice of physician by recipients of Medical Aid to the Aged have been assigned to study commissions. It also reported that Podiatrists are now permitted to write prescriptions.

The Committee on Hospital and Professional Relations reported that the Blue Book has again been held up because some hospital administrators are having second thoughts after having approved its publication initially.

The Council deprived 15 fellows of their membership because of non-payment of dues and reinstated one fel-

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low on the recommendation of the Committee on Membership.

The Committee on Medical Services made recommendation for a study of the distribution of medical practitioners and services in the state. This was tabled to await further studies now in progress.

The relative value fee schedule of the Veterans Administration was referred to a committee for study following which the committee on tax supported medical care was instructed to negotiate with the Veterans' Bureau.

**Mental Health**

The report of the Committee on Mental Health was most hotly debated, but decision to recommend that there be physicians on the community mental health planning committees and governing boards, was finally reached. Physicians are to be appointed from a list presented by the district medical society of the concerned jurisdiction. Local social agencies are to be supplied with a copy of this resolution. A motion to approve the Mass. Mental Health Planning project was referred back to committee, as the Council felt too little was known about it to give approval. A plea for suspension of rules to allow approval of a resolution recommending that general


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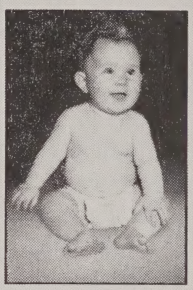

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hospitals admit psychiatric patients, was refused.

The Committee of Members' Insurance Programs announced an enrollment period during which physicians under 40 could buy insurance with a premium reduced 50% for the first 5 years of coverage.

A group of men proposed as directors of Blue Shield was approved by the Council, as were 5 honorary directors. The Committee to Study Blue Shield Legislation proposed certain changes in procedure whereby the Council would approve future directors of Blue Shield.

The Committee to Reappraise the Status of Committees reported on the commission system, which had been tried for a year and found to be a failure. Permission was secured to return to the original committee system. A recommendation that special committees must be in existence for 5 years before becoming standing committees, was also approved. A resolution by Dr. Chapman that Blue Shield pay house officers, was disapproved.

A special ad hoc committee to study "Prevailing Fees" was authorized as the Blue Shield report is not yet ready. The Committee on Medical Charges to Pooled Funds did not feel that this came within its jurisdiction.

The report of the Blue Shield Fee Committee was received. Its information indicated that no revision of fees would occur until studies of prevailing fees now going on, are completed.

**New Business**

Under new business Dr. Holland, Norfolk, submitted 3 resolutions, which were referred to appropriate committees. Dr. Brodny, Suffolk, proposed periodic registration of physicians with publication of data and fees that would *only* be used for the registration of physicians. Suffolk also proposed a study of the problem of the physician who cannot register in this state routinely, and offered appropriate recommendations.

Dr. Claude Welch, the incoming president then obtained approval of his committee appointments. Hampdenites appointed were as follows:

Arthur Edgelow
Maternal Welfare

Donald R. Hayes
Delegate to the House of Delegates, AMA

Allen S. Johnson
By-Laws and Council Rules
Ethics and Discipline
Medical Charges Review (Chairman)

William Kaufmann
Blood Banks

Ralph T. Miller
Charitable and Educational Fund Directors

Alfonso A. Palermo
Benevolence
Members' Insurance Programs

Norman A. Pokorny
School Health

Thomas F. Reilly
Public Health and Problems Relating to Individual Diseases
Pharmacists, Joint Conference Committee with

Howard N. Simpson
Medical Charges Review
Boston Medical Library, Trustee of

Jerome A. Whitney
Mental Health (Chairman)

Miller

## EXECUTIVE COMMITTEE

The May Executive Committee meeting was called to order by President Burkhardt at 8:10 P.M. Present were Drs.: Griffin, Nero, LaMarche, Moore, Hayes, O'Malley, Mahoney, Mozden, Memery and Mrs. Purdy.

A movie, "Quarter Million Teenagers", from the AMA was shown to the committee and Dr. Booker, chairman of the Public Health Committee. This was accepted favorably by all attending.

A letter from Dr. Emery, chairman of the Boys' Club, Girls' Club Building Fund was read. See page 14.

A letter from the Y.M.C.A. of Westfield on rules against teen age smoking was read. The committee felt that any efforts to curtail smoking at an early age should be encouraged.

The law firm of Ely, King, Kingston, Corcoran & Milstein has been contacted by Dr. Mills. This firm is willing to have our Society as clients. A meeting will be arranged shortly.

It was approved that the Executive Secretary attend MSEA and AMA meetings in New York City in June.

A discussion followed about Sports medicine. It was suggested that Dr. Booker appoint a sub-committee of the Public Health Committee for presentation in the fall, preferably around the time of Community Health Week in November.

An informational report of the Scholarship Committee by Dr. Miller was read. The meeting was adjourned at 9:25 P.M.

The Grievance Committee met and heard two cases. The meeting was adjourned at 9:53 P.M.

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Harry L. Roberts
Chairman

# ACADEMY

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| | |
|---|---|
| Speaker: | LEROY D. VANDAM, M. D.<br>Chemical Professor of Anesthesia<br>Harvard Medical School<br>Director of Anesthesia and Surgery<br>Peter Bent Brigham Hospital, Boston |
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| Place: | Auditorium, Municipal Hospital<br>Springfield |
| Hospital Clinic: | Springfield Hospital, 5:00 P.M. |

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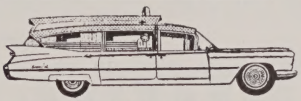

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# Your patient doesn't have to be in the Masters to get sprains and strains

**'Soma' Compound helps relieve pain and relax muscle in many musculoskeletal disorders. Patient comfort can be increased and recovery time shortened.**

# Soma® Compound

**carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg.**

**rational combination therapy for most patients with strains and sprains: relaxes muscle, relieves pain**

Also available as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

*(Warning: Codeine may be habit-forming.)* **Indications:** 'Soma' Compound and 'Soma' Compound with Codeine are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints. **Contraindications:** Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate. **Precautions:** *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate. **Side effects:** Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression. **Dosage:** Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime. **Supplied:** 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required. *Before prescribing, consult package circular.*

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